

STATE OF UTAH
LABOR COMMISSION
EMPLOYMENT STANDARDS BUREAU
160 East 300 South, 3rd Floor
PO Box 146630
Salt Lake City, Utah 84114-6630

FORM 401
2/00

WAGE CLAIM NO. _____
For Office use only

WAGE CLAIM ASSIGNMENT

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.

A copy of this claim will be sent to the employer.

Claims must be at least \$50.00, U.C.A. Section 34-28-9(1)(c).

Claims may not exceed \$10,000, U.C.A. Section 34-28-9(1)(d).

Claims must be filed within one year, U.C.A. Section 34-28-9(1)(e).

PLEASE PRINT ALL INFORMATION

Claimant Information

Your name (Mr.)(Ms.) _____

Address _____ City _____

State _____ Zip Code _____ Telephone no. _____

Date of birth if under 18 _____ Social Security No. _____

Name, address and telephone number of nearest relative not living with you. _____

Information About Employer

Name of business _____

Address _____ City _____

State _____ Zip Code _____ Telephone no. _____

Owner's name _____ Type of business _____

Owner's home address _____

Wages Claimed

Total amount of your claim (before tax or social security deductions) \$ _____

Is claim for: Unpaid wages \$ _____ Commission \$ _____ Bad paycheck(s) \$ _____

Unauthorized deduction(s) \$ _____ Vacation pay \$ _____ Severance pay \$ _____

Other \$ _____ (explain) _____

(PLEASE NOTE:)

If claim is for vacation or severance pay, please provide a copy of employer's company policy.

If claim is for a bad paycheck(s), please provide this office with the original check(s).

If claim is for an unauthorized deduction(s), please provide check stub(s) showing deduction(s).